

# The Misbourne Practice

## Quality Report

The Misbourne Practice  
Church Lane  
Chalfont St Peter  
Buckinghamshire  
SL9 9RR  
Tel: 01753 891010  
Website: [www.misbournepractice.com](http://www.misbournepractice.com)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Outstanding</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Misbourne Practice in Chalfont St Peter, Buckinghamshire on 28 October 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was an effective system to assess, manage and mitigate risks across the two sites the practice delivered clinical services from. For example, there was a standard operating procedure, protocol and risk assessment for the practice's use of liquid nitrogen.
- An understanding of the clinical performance and patient satisfaction of the practice was maintained. The practice had proactively improved QOF performance and implemented actions to review and improve already high levels of patient satisfaction.
- Feedback from patients relating to access to services and the quality of care was significantly higher when compared with local and national averages. This was corroborated by written and verbal feedback collected during the inspection.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, with the National Epilepsy Society and other practices within the local GP Federation.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.

The areas where the provider should make improvement are:

- Ensure an action plan for dementia care plans with a view to increase the number of yearly reviewed care plans is monitored through the practice meetings.
- Promote and display information to alert patients that translation services were available.
- Ensure extended hours appointments details are advertised on the practice website and displayed in the premises.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included additional safeguarding training for members of the nursing team.
- The health and safety policy was underpinned by robust risk assessments of the risks associated with the practice premises. This included a risk assessment and supporting protocols for handling liquid nitrogen at the Chalfont St Giles practice.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages. In 2015/16, the practice had achieved 99% of points (both local CCG and national average was 98%). This was a 3% improvement on the previous year's QOF performance.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The full clinical team was actively involved in completing clinical audits, the audits we reviewed demonstrated quality improvement.

Good



# Summary of findings

- There was a programme of staff appraisals and evidence of performance monitoring and identification of personal or professional development.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, alliances were being strengthened with the National Epilepsy Society and one of the GPs was the practice lead for Learning Disabilities.

## Are services caring?

The practice is rated as good for providing caring services.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Verbal and written patient feedback highlighted patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff.
- Furthermore, data from the latest national GP patient survey (published in July 2016) showed that patients rated the practice highly for all of aspects of care. For example, 93% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care. This was higher when compared to the local clinical commissioning group (CCG) average (83%) and national average (82%).
- Information for patients about the services available was easy to understand and accessible. We saw The Misbourne Practice had successfully implemented the Accessible Information Standard in 2016. This Standard aimed to make sure that people who have a disability or sensory loss get information that they can access and understand, and receive any communication support that they need.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group to secure improvements to services where these were identified. Services were flexible, provided choice and ensured continuity of care.

Outstanding



# Summary of findings

- The practice had good accessible facilities and was well equipped to treat patients and meet their needs.
- Data collected via the national GP patient survey reported patients found access was good. For example, 90% of patients said they found it easy to get through to The Misbourne Practice by telephone, CCG average was 73% and national average was 73%.
- Furthermore, 80% of patients said they usually got to see or speak to their preferred GP. This was higher when compared to the CCG average (63%) and national average (59%).
- All of the verbal and written feedback received on the day of the inspection, was positive about access and highlighted excellent access to appointments. Furthermore, patients said they could access appointments and services in a way and at a time that suits them.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver a high standard of care to The Misbourne Practice patients whilst monitoring and auditing services with a view to improve the patient experience. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- All staff were aware of their own roles and responsibilities and felt supported by the management team. There was a staff survey and bi-monthly practice newsletters. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Governance and performance management arrangements were proactively reviewed and reflected best practice.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

- There was a focus on continuous learning and improvement at all levels. This included proactively improved QOF performance and implementation of actions to review and improve already high levels of patient satisfaction.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Older people at risk of isolation within a rural community were identified and discussed at meetings including multi-disciplinary meetings to address any additional support required.
- The Misbourne Practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting areas.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were higher when compared with local and national averages. For example, The Misbourne Practice performance for osteoporosis (osteoporosis is a condition that weakens bones, making them fragile and more likely to break) indicators was higher than both the local and national averages. The practice had achieved 100% of targets which was higher when compared to the CCG average (96%) and the national average (88%).

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- The number of patients registered at The Misbourne Practice with a long-standing health condition was higher than local and national averages. For example, 56% of patients had a long-standing health condition, this was higher than the local CCG average (52%) and national average (54%).
- GP's, nurses and the health care assistant had additional training and lead roles in chronic disease management. In September 2016, the practice commenced diabetes care planning.
- Performance for diabetes related indicators showed The Misbourne Practice had achieved 97% of targets which was similar when compared to the CCG average (95%) and higher when compared to the national average (90%).

Good



# Summary of findings

- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).
- Longer appointments and home visits were available when needed.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with local averages and higher than national averages for all standard childhood immunisations.
- Four of the five nurses had additional Safeguarding training, the remaining nurse was completing this training (Safeguarding Children level three) during the inspection.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was similar when compared to the CCG average (84%) and the national average (82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



# Summary of findings

- Services were flexible, provide choice and ensure continuity of care for example, telephone consultations were available for patients that chose to use this service.
- There were a range of appointments including early morning, evening and weekend appointments. These appointments were specifically for patients not able to attend outside normal working hours but there was no restrictions to other patients accessing these appointments.
- Phlebotomy services, an in-house allergy clinic and dermatoscopy services are available at the practice which meant patients did not have to attend hospitals for testing.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, those with caring commitments and those with a learning disability.
- We saw 113 patients on the Learning Disabilities register, 94 of those were residents at the National Epilepsy Society. These patients had regular Care Management Plans completed at the Society and these plans sent to the practice, viewed by a GP and scanned onto the computer system. One of the GPs was the practice lead for Learning Disabilities and negotiations with the National Epilepsy Society were strengthening.
- The practice offered longer appointments (double appointments, 20 minutes in length) for patients with a learning disability.
- In October 2016, the practice patient population list was 12,092. The practice had identified 296 patients, who were also a carer; this amounted to 2.4% of the practice list. The practice had recently held a carers awareness event. This event provided carers with information including the various avenues of support available to them and also provided the in-house care co-ordinator to ensure the computer system was up to date and accurately recorded patients caring responsibilities.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 94% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was similar when compared to the CCG average (92%) and higher than the national average (89%).
- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower when compared to the local CCG average (85%) and the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff at The Misbourne Practice had additional training in recognising and supporting people with dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had higher performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. Specifically, The Misbourne Practice patient's satisfaction for aspects relating to accessing care and treatment at the practice was much higher than CCG and national averages. On behalf of NHS England, Ipsos MORI distributed 217 survey forms and 111 forms were returned. This was a 51% response rate and amounted to approximately 1% of the patient population. Results from the survey showed:

- 90% of patients found it easy to get through to this practice by telephone (CCG average 73%, national average 73%).
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 94% of patients described the overall experience of this GP practice as good (CCG average 86%, national average 85%).
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 11 comment cards which all gave a positive view on the standard of care received. Furthermore, patients commented on receipt of excellent service from the GPs and nurses.

We spoke with four patients during the inspection and two members of the patient participation group. Verbal

feedback aligned to the high level of satisfaction which was highlighted in the national GP patient survey and the written feedback we received. All four patients and both members of the patient participation group praised the care they received and thought staff were approachable, committed and caring. However, one comment was received that highlighted the layout of the reception area resulted in an occasional lack of privacy.

Further verbal and written feedback highlighted the compassion of practice staff when supporting patients at vulnerable stages within their lives, for example, when experiencing poor mental health and following family bereavements.

We also spoke with the National Epilepsy Society who access primary care GP services from The Misbourne Practice. They told us the practice was responsive to patients needs including complex medicine needs and treated them with dignity and respect. It was also mentioned that there were ongoing negotiations to reinstate the fortnightly ward rounds for the residents (approximately 94).

During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- The Misbourne Practice achieved a 94% satisfaction rate in the NHS Friends and Family Test in September 2016, 88% in August 2016, 96% in July 2016 and 98% in June 2016.

# The Misbourne Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to The Misbourne Practice

The Misbourne Practice is a GP teaching practice based across two sites in an area of south-east Buckinghamshire known as The Chalfonts. The Chalfonts lie between High Wycombe and Rickmansworth and includes Chalfont St Peter which is one of the largest villages in the UK with nearly 13,000 residents. The Misbourne Practice is one of the practices within Chiltern Clinical Commissioning Group (CCG) and provides general medical services to approximately 12,100 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services alongside NHS England.

Services are provided from two sites:

- The Misbourne Surgery, Church Lane, Chalfont St Peter, Buckinghamshire SL9 9RR.
- St Giles Surgery, Townfield Lane, Chalfont St Giles, Buckinghamshire HP8 4QG.

According to data from the Office for National Statistics, The Chalfonts has a population with high levels of affluence, low incidence of substance misuse and severe mental health problems and low levels of deprivation.

Ethnicity based on demographics collected in the 2011 census shows the population of The Chalfonts and the surrounding area is predominantly White British with 4.8% of the population composed of people with an Asian background.

The practice population has a higher proportion of patients aged 45-84 and a lower proportion of patients aged 20-39 compared to the national average. The prevalence of patients with a long standing health condition is 56% compared to the local CCG average of 52% and national average of 54%.

The Misbourne Practice also provides primary care GP services for six nursing and residential homes (approximately 60 patients) and 90 residents based at the National Epilepsy Society located in a neighboring village.

The practice comprises of eight GP Partners (three female and five male) who are supported by a female salaried GP. The Misbourne Practice is a teaching practice for medical students and has recently become a training practice and will support GP Registrars from 2017. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The all-female nursing team consists of one nurse prescriber, three practice nurses and a health care assistant who also performs phlebotomy duties.

The practice manager is supported by a deputy practice manager and a team of reception, administrative and secretarial staff who undertake the day to day management and running of The Misbourne Practice.

Both The Misbourne Practice in Chalfont St Peter and the branch surgery in Chalfont St Giles are open between 8.30am and 6pm Monday to Friday (appointments between 8.30am and 5.30pm). A GP was on site at both the Chalfont St Peter and Chalfont St Giles practices and provided an

# Detailed findings

emergency telephone service between the hours of 8am and 8.30am and 6pm and 6.30pm. Each week extended hours for pre-bookable appointments are available at both surgeries, every Thursday and Friday morning between 7.10am and 8am, every Tuesday and Thursday evening between 6.30pm and 7.10pm, most Saturday mornings and occasional Sunday morning and Sunday afternoons.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on both practices door and over the telephone when the surgery is closed.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from Chiltern Clinical Commissioning Group (CCG), Healthwatch Bucks, NHS England and Public Health England.

We carried out an announced visit to The Misbourne Practice on 28 October 2016. During our visit we:

- Visited both The Misbourne Surgery in Chalfont St Peter and the branch surgery in Chalfont St Giles.
- Spoke with a range of staff. These included GPs, nurses, the deputy practice manager and several members of the administration and reception team. We spoke with the practice manager who was not at the practice on the day of the inspection at length before and after the inspection.

- Also spoke with four patients who used the service and the National Epilepsy Society which The Misbourne Practice provide primary care GP services for.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 11 Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relevant to the management of the service.
- Carried out observations and checks of the premises and equipment used for the treatment of patients.
- Circulated staff surveys at the inspection and received nine responses.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. For example, we discussed a recent national patient safety alert. The alert was recorded and disseminated to all clinical members of staff and processes reviewed to ensure all potential stores of medicines, including the emergency kit were checked. All clinicians we spoke with were aware of this alert, the alert was recorded.

We saw evidence that lessons were shared this included minutes of the last significant review meeting from October 2016 and action was taken to improve safety in the practice. For example, we saw a full comprehensive significant event analysis following an incident when one of the GPs spotted a patient had not had a recent review of their prescribed medicines.

This investigation highlighted two different repeat prescription processes, the process was different at the Chalfont St Peter practice and the Chalfont St Giles practice. Following this incident, there was a full review which included a review of the practices prescribing processes and as a result one agreed process which all prescribers (GPs and nurse prescriber) had implemented. We saw plans this review would also include an audit to

check the new process had been embedded into everyday practice. All prescribing members of staff we spoke with were aware of the change in process and when we reviewed an anonymised sample of the personal care or treatment records of patients we saw further evidence of consistent prescribing processes across both practices.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs were trained to Safeguarding Children level three, four of the five nurses were also trained to Safeguarding Children level three (the remaining nurse was completing Safeguarding Children level three training during the inspection) and both GPs and nurses had completed adult safeguarding training.
- Notices in the reception and waiting areas at both the Chalfont St Peter and Chalfont St Giles practices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Two members of staff we spoke with advised that they had performed chaperone duties in the past, approximately five years ago, despite not having received appropriate checks and training. Following discussions with clinicians and the practice manager after the inspection, we were advised this had happened in exceptional circumstances but now the likelihood of this happening again was removed. Further assurance to reduce the

## Are services safe?

possibility of this happening again was received following the inspection which included an all practice staff communication which clearly advised who can and who can't perform chaperone duties.

- Both the sites which the practice provide clinical services from maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse prescriber and one of the practice nurses had been appointed as the joint infection control leads. They had both attended external training and had allocated time to complete this extended role which included liaison with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place for both the Chalfont St Peter practice and Chalfont St Giles practice and all practice staff had received up to date training. Annual infection control audits were undertaken. We saw the latest audit for Chalfont St Peter completed in November 2015 and Chalfont St Giles completed in December 2015. We reviewed subsequent action that was taken to address any improvements identified as a result, for example implementing wall/bed mounted couch roll dispensers throughout to reduce the risk of cross contamination. During the inspection, we saw that at both the Chalfont St Peter practice and Chalfont St Giles practice the clinical waste storage bins were locked and stored in a designated area while awaiting collection. However, the clinical waste bins were not completely secure. Evidence submitted after the inspection showed the bins were now fully secure and chained to a secure fixture.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and

support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy displayed which identified local health and safety representatives. The practice had up to date fire risk assessments, the next fire drill was scheduled for December 2016. All electrical equipment was checked (March 2016) to ensure the equipment was safe to use and clinical equipment was checked (March 2016) to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and a legionella assessment. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The branch surgery in Chalfont St Giles held liquid nitrogen on site; this was used for cryotherapy (treatment using low temperatures). There were two serious risks involved in working with liquid nitrogen: asphyxiation (asphyxiation is a condition of severely deficient supply of oxygen to the body) and cold burns. We found the liquid nitrogen was stored in a secure outdoor locked location with adequate ventilation. We reviewed a practice specific written protocol and risk assessment which advised on the methodology of managing liquid nitrogen safely and highlighted and assessed associated risks. The protocol included guidance on basic safety procedures, personal protective equipment, transporting liquid nitrogen and associated health risks.

## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at peak times of the day.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines were available.
- Both the Chalfont St Peter practice and Chalfont St Giles practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in secure areas of both the Chalfont St Peter practice and Chalfont St Giles practice. All staff at both sites knew of their location and all the medicines we checked were in date and stored securely. When checking the emergency medicines, we saw both supplies held additional emergency medicines which had been added as supplementary action following a significant event. One of the additional emergency medicines was a medicine used as a second-generation antihistamine (a medicine used to treat a number of allergic health conditions).
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (October 2016) were 99% of the total number of points available; this was similar when compared to the local CCG average (98%) and the national average (98%). The most recent published exception reporting was similar when compared to the CCG and national averages, the practice had 7% exception reporting, the CCG average exception reporting was 8% and the national average was 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practices overall QOF performance for 2015/16 was a 3% improvement on the previous year's QOF performance.

Data from 2015/16 showed the practice was in line and above the QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 97% of targets which was similar when compared to the CCG average (95%) and higher than the national average (90%).

- Performance for hypertension (high blood pressure) related indicators showed the practice had 100% of targets which was similar when compared to a CCG average (99%) and the national average (97%).
- Performance for mental health related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (95%) and the national average (93%).

There was evidence of quality improvement including clinical audit.

- The Misbourne Practice was a teaching practice and had recently been approved to become a training practice; we saw evidence of a long tradition of audit activity to monitor the quality of care offered to patients. We saw the audits were discussed at the practice team meetings, reflected upon and learning shared with the full practice team. Furthermore, we saw the practice participated in local audits, national benchmarking, accreditation and peer review.
- There had been eight clinical audits completed in the last year, three of these were completed audits where the improvements made were implemented and monitored. Members of the nursing team were also active within the clinical audit programme and we reviewed several audits lead by nurses within their specialist fields for example, diabetes and leg ulcers.
- We reviewed all three of the completed clinical audits which indicated that the practice was already meeting local and national clinical targets with full adherence to NICE guidelines. One audit, reviewed whether patients with atrial fibrillation (an abnormal heart rhythm characterised by rapid and irregular beating) were receiving care and treatment NICE guidelines. This audit highlighted The Misbourne Practice was working to national standards, however the same audit also highlighted 2.5% (7 out of 277) patients were not on an appropriate treatment and the reason was not documented, we saw this was discussed at a clinical meeting including a detailed discussion to ensure records clearly detail and document the reasons why patients weren't on treatment. One of the actions also included an invitation to the seven patients for a medicine review and awareness discussion about different treatments available.
- We saw plans for further audits with a view to ensure targets and adherence are maintained.

# Are services effective?

## (for example, treatment is effective)

- During the review of the completed two cycle clinical audits, we also reviewed a single cycle audit from March 2016, which reviewed the management of blood pressure and antiplatelet management within patients at a rural village GP practice. Antiplatelets are medicines that prevent blood clots.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse prescriber, who was also one of the locality lead nurses within Chiltern CCG, had launched a CCG wide leg ulcer handbook following a five practice audit of leg ulcers. One of the recommendations following the audit was additional training on lymphedema (lymphedema refers to swelling that generally occurs in arms or legs and is most commonly caused by the removal of or damage to your lymph nodes as a part of cancer treatment). We saw a lymphedema study day had been arranged the week following the inspection. The nurse prescriber who was attending this study day had arranged to provide any key learning to the rest of nursing team at the next nurse team meeting.
- The learning needs of staff were identified by the practice manager through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff have had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation received support or were signposted to the relevant service.

# Are services effective?

## (for example, treatment is effective)

- Information from Public Health England showed 99% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was higher when compared with the CCG average (92%) and higher than the national average (88%). Smoking cessation advice was available from two members of the nursing team. This advice was opportunistic and also embedded into the practices Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) and asthma clinics.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. We saw 113 patients on the Learning Disabilities register, 94 of those were residents at the National Epilepsy Society. These patients had regular Care Management Plans completed at the Society and these plans sent to the practice, viewed by a GP and scanned onto the computer system. In March 2016, the practice signed up to a Learning Disability Directed Enhanced services (DES) which provides an enhanced level of provision above what is required under core contracts. One of the GPs was now the practice lead for Learning Disabilities, negotiations with the National Epilepsy Society were strengthening and the practice was confident that all 113 patients will have a completed health check or review by the end of March 2017.

The Misbourne Practice successfully encouraged patients to attend national screening programmes. For example:

- The practice's uptake for the cervical screening programme was 83%, which was similar when

compared to the CCG average (84%) and the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Furthermore, data from Public Health England indicated success in patients attending national screening programmes:

- 61% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was in line with the CCG average (59%) and national average (58%).
- 80% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (76%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were similar when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 96% to 100%, (CCG averages ranged between 95% to 97%) and five year olds from 92% to 96% (CCG averages ranged between 93% to 98%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was not a private room or private area away from the busy reception desk for staff to speak with patients when they wanted to discuss sensitive issues or appeared distressed but if required staff would find an empty room to use. Signs were displayed in reception advising patients to let reception staff know if they would like to hold a conversation in private.

All of the 11 patient Care Quality Commission comment cards and the four patients we spoke with were positive about the service experienced. Patients comments highlighted they felt the staff were helpful, caring and treated them with dignity and respect. However, one comment was received that referred to the layout of the reception area resulted in an occasional lack of privacy.

All of the results from the national GP patient survey aligned with these views. For example:

- 99% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 90%, national average 89%).
- 93% of patients said the last GP gave them enough time (CCG average 88%, national average 87%).
- 94% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 95% of patients said the nurses was good at listening to them (CCG average 92%, national average 91%).
- 96% of patients said the nurses gave them enough time (CCG average 93%, national average 92%).

- 94% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

On announcing the inspection, one of the documents provided by the practice was an action plan which had been developed following an analysis of the latest national GP patient survey results. The practice had proactively implemented actions to review and improve already high levels of patient satisfaction.

During the inspection we observed a member of the reception team compassionately supporting a family who had just entered the practice and required additional support prior to their appointment with a GP.

### Care planning and involvement in decisions about care and treatment

Verbal and written patient feedback highlighted patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised and patient specific which indicated patients and their carers were involved in decisions about care and treatment.

Results from the national GP patient survey showed positive responses in relation to questions about patient involvement in planning and making decisions about their care and treatment which aligned to the verbal and written feedback we received. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 93% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 96% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 90%).
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Patients registered at The Misbourne Practice were predominantly white British with little call for translation

## Are services caring?

services. All staff we spoke with were aware that translation services were available for patients who did not have English as a first language. However, during the inspection, we did not see any notices informing patients this service was available. This was rectified immediately after the inspection and evidence of a promotion of translation services sent to us.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting areas and on the practice website which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. In October 2016, the practice patient population list was 12,092. The practice had identified 296

patients, who were also a carer; this amounted to 2.4% of the practice list. Prior to the inspection, the practice held a carers awareness event at the Chalfont St Giles practice. This event provided carers with information including the various avenues of support available to them and also provided the in-house care co-ordinator to ensure the computer system was up to date and accurately recorded patients caring responsibilities.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patient feedback received during the inspection highlighted the compassion of practice staff when supporting patients at vulnerable stages within their lives, one example was the support from the practice following a family bereavement.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. There was a proactive approach to understanding the needs of different groups of patients within the practice population. Care was delivered in a way to meet these needs whilst promoting equality.

- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Both the Chalfont St Peter and Chalfont St Giles practices were fully accessible for people with disabilities and mobility difficulties. We saw that the waiting areas and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practices had a step free access, an automatic door entrance to help those with mobility difficulties, one of the practices had a lowered reception desk and both had portable hearing loops to help patients who used hearing aids.
- We saw The Misbourne Practice had successfully implemented the Accessible Information Standard in 2016. This Standard aimed to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. Patients at The Misbourne Practice could contact and be contacted by, services in accessible ways, for example via email, text message, audio, braille, easy read or large print. The practice could also facilitate pre-bookable appointments supported by communication professionals, for example a British Sign Language interpreter.

- Peoples individual needs and preferences are central to the planning and delivery of tailored services. Services were flexible, provide choice and ensured continuity of care for example; telephone consultations were available for patients that chose to use this service.
- Patients who wished to check their own blood pressure and their weight were encouraged to do so, there was an area within both practices which contained equipment to allow patients to manage and record their blood pressure.
- The villages within The Chalfont's sit within an area of outstanding natural beauty known as the Chiltern Hills. This area has a large number of bat colonies and bat handlers. One of the risks of handling bats is rabies. Rabies is a serious viral infection that targets the brain and nervous system. A person can catch rabies if they are bitten by an infected animal and haven't been vaccinated. We saw staff at The Misbourne Practice were consistent in supporting bat handling patients to live healthier lives through a proactive approach to health promotion notably pre-exposure, post-exposure and booster vaccinations providing protection against rabies.
- One of the GPs had a special interest and expertise in the management of allergies. This led to a monthly in house allergy clinic at The Misbourne Practice which included one hour testing for allergies and reduced the requirement for patients having to travel to hospitals in either Stoke Mandeville (40 mile round trip) or High Wycombe (24 mile round trip) for their allergy testing appointment.

### Access to the service

The Misbourne Practice (Chalfont St Peter and Chalfont St Giles) was open between 8.30am and 6pm Monday to Friday (appointments between 8.30am and 5.30pm). A GP was on site at both the Chalfont St Peter and Chalfont St Giles practices and provided an emergency telephone service between the hours of 8am and 8.30am and 6pm and 6.30pm. Each week extended hours for pre-bookable appointments were available at both surgeries, every Thursday and Friday morning between 7.10am and 8am, every Tuesday and Thursday evening between 6.30pm and 7.10pm, most Saturday mornings and occasional Sunday morning and Sunday afternoons. During we inspection we



# Are services responsive to people's needs?

## (for example, to feedback?)

saw minimal promotion of the extended hour appointments. This was rectified immediately after the inspection and evidence of a promotion of these appointments clearly displayed was sent to us.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher when compared to local and national averages. Notably, access to services was much higher than local and national averages. For example:

- 90% of patients said they could get through easily to the practice by telephone (CCG average 73%, national average 73%).
- 80% of patients said they usually got to see their preferred GP (CCG average 63%, national average 59%).
- 92% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 97% of patients who say the last appointment they got was convenient (CCG average 92%, national average 92%).
- 81% of patients were satisfied with the practice's opening hours (CCG average 73%, national average 76%).

Written feedback on CQC comment cards and verbal feedback regarding access to appointments aligned to the survey results and patients commented they could always access appointments.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice. We reviewed the annual review of complaints received in 2015 which took place in January 2016 and saw a 'live' up to date record and audit of all verbal and written feedback received so far in 2016, these would be reviewed in January 2017.
- We saw that information was available to help patients understand the complaints system. This information was displayed within both the Chalfont St Peter and Chalfont St Giles practices, in the practice information booklet and on the practice website. Staff we spoke with were aware of their role in supporting patients to raise concerns.

We looked at a random sample of complaints received in the last 12 months and found all the complaints were satisfactorily handled and dealt with in a timely way. We saw lessons had been learnt from individual concerns and complaints. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with the practice manager and/or one of the GP Partners. For example, one complaint highlighted a patient had not fully understood the new system and new arrangements for long term condition reviews which had recently commenced. On instant receipt of the verbal complaint, one of the nurses explained the new care planning arrangements and made a long term condition review appointment at a time and date suitable for the patient.

Whilst planning the inspection, we noted the practice did not review or responded to feedback on NHS Choices website.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The Misbourne Practice had a clear vision and aimed to achieve a high standard of family medicine – caring for the individual as both part of the a family and part of a larger community.

- The practice was aware of national and local challenges, including increased demand on GP services and had a visible strategy to manage these challenges. The strategy and supporting business plans were regularly monitored by the GP Partners and practice manager.
- Our discussions with staff and patients indicated the vision and values were embedded within the culture of the practice. Staff told us the practice was patient and community focused.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Despite the practice based across two sites, there was a clear staffing structure and staff were aware of their own roles and responsibilities. Regular meetings took place for staff groups including whole staff, partner, nurse, clinical governance and reception and administration staff meetings.
- Governance arrangements were proactively reviewed and reflected best practice.
- We saw The Misbourne Practice specific policies were implemented and were available to all staff. All the policies we reviewed had been regularly reviewed and updated by the practice manager to ensure the policies were still current.
- There was a systematic approach taken when working with other organisations to improve care outcomes and tackle health inequalities.
- An understanding of the clinical performance and patient satisfaction of the practice was maintained. The practice had proactively improved QOF performance and implemented actions to review and improve already high levels of patient satisfaction.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

Throughout the full inspection (pre inspection, inspection day and post inspection) the GP Partners and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

This included support training for all staff on communicating with patients about notifiable safety incidents. The GP Partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff told us there was a relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff highlighted the benefits of the bi-monthly practice newsletters and said they felt respected, valued and supported. Despite services provided across two bases, staff told us there was a feeling of 'one team' and all members of staff were invited to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- The practice had gathered feedback from patients through an online patient participation group (PPG) and through surveys and complaints received. The PPG was an online virtual group with approximately 50 members; they received regular communication from the practice and were prepared to submit proposals for improvements to the management team. We saw the practice was actively encouraging new members to join this group.
- We found the practice to be involved with their patients, the PPG and other stakeholders. We spoke with two members of the virtual PPG and they were positive about the role they played and told us they felt engaged with the practice.
- There was evidence of patient involvement in undertaking practice supported initiatives. For example, on announcing the inspection, one of the documents provided by the practice was an action plan which had been developed following an analysis of the latest national GP patient survey results. Although the results of this survey were very good with patient satisfaction higher than local and national averages, the practice had implemented a nine point action plan to further improve patient satisfaction. One of the completed actions reviewed the number of appointments available for blood tests (phlebotomy). We saw increased phlebotomy appointments commenced in May 2016 following the appointment of a health care assistant.
- We reviewed the most recent staff survey completed in January 2016. This survey reviewed staff opinions across five different areas (workload, communication, leadership, teamwork and safety systems) and was part of the 'safety climate report'. In four of the five areas the practice was higher than the local averages and the one remaining area was similar to the local averages.

- There was an appraisal programme for the full practice team; we saw the practice had gathered feedback from staff through staff meetings and discussions.

## Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- Alliances were being strengthened with the National Epilepsy Society and one of the GPs was now the practice lead for Learning Disabilities.

There was a strong focus on continuous learning and improvement at all levels within the practice. For example:

- The practice had proactively improved QOF performance and implemented actions to review and improve already high levels of patient satisfaction
- The practice had just been approved to become a training practice and would welcome foundation doctors to join The Misbourne Practice for up to four months. A foundation doctor (FY1 or FY2) is a grade of medical practitioner in the United Kingdom undertaking a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.
- Immediately after our inspection, we were sent an updated plan which included aspects of our initial feedback we provided at the end of the inspection. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.